



IAP15 Rec'd PCT/PTO 10 JAN 2007

Atty. Dkt. No. 035394-0295

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Irina A. BUHIMSCHI et al.
Title: BIOMARKERS FOR INTRA-AMNIOTIC INFLAMMATION
Appl. No.: 10/534,694
International Filing Date: 11/13/2003
371(c) Date: 01/17/2006
Examiner: Leon Yun Bon Lum
Art Unit: 1641
Confirmation Number: 6784

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application and:

- ☒ Information Disclosure Statement.
- ☒ PTO/SB/08 citing one non-patent reference and copy of same.
- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☒ The fee required for additional claims is calculated below:

Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
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Total Claims:	11	-	46	=	0	x	\$50.00	=	\$0.00
Independent Claims:	4	-	4	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:		+					\$360.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$450.00	\$0.00
[X] Extension for response filed within the third month:	\$1,020.00	\$1,020.00
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
[X] Information Disclosure Statement:	\$180.00	\$180.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,200.00
[X] Small Entity Fees Apply (subtract ½ of above):		\$600.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$600.00

A credit card payment form in the amount of \$600.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

01/12/2007 MKAYPAGH 00000067 190741 10534694
 02 FC:2253 90.00 DA 420.00 OP
 WASH_1782612.1

Serial No. 10/534,694

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Respectfully submitted,

Date January 10, 2007

By 

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